



# State of New Hampshire Insurance Department

21 South Fruit Street Ste 14, Concord NH 03301

[www.nh.gov/insurance](http://www.nh.gov/insurance)

Main phone 603-271-2261

Licensing 603-271-0203

## ADJUSTER LICENSE APPLICATION

(Please print or type)

Form 105.08 (revised (7/11/08))

### Submit Initial license fee as indicated by state of residence:

**\$75:** NH and AZ CO CT DC DE FL IA IL IN KS  
KY LA MA MD ME MI MN MO MT NE NJ ND  
NM NY OH OK OR PA PR SD TN TX VT VA  
WA WI WV

**\$77:** UT

**\$80:** ID SC

**\$100:** AK AL AR GA MS WY

**\$150:** NC RI

**\$195:** NV **\$210:** HI **\$241:** CA

### Select Only One:

**Initial License** \_\_\_\_\_

**Reinstatement** \_\_\_\_\_ (NH License # \_\_\_\_\_)

Reinstatement within 2 years of expiration requires submission of 2x initial license fee for state of residence as indicated, per RSA 400-A:29.

**Amendment** (adding or deleting line of authority requires \$50 amendment fee) \_\_\_\_\_  
(NH License # \_\_\_\_\_)

### Requested Line of Authority:

Property & Casualty Excluding Workers Compensation \_\_\_\_\_

Property & Casualty Including Workers Compensation \_\_\_\_\_

Workers Compensation only \_\_\_\_\_

Social Security Number \_\_\_\_\_

① Last Name JR./SR. etc		② First Name		③ Middle Name		④ Date of Birth (month) ____ (day) ____ (year) ____	
⑤ Residence/Home Address (Physical Street)		⑥ P.O. Box		⑦ City		⑧ State ⑨ Zip or Foreign Country	
⑩ Home Phone Number ( ) -		⑪ Gender (Circle One) Male Female		⑫ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)			
⑬ Employer's Name							
⑭ Business Address (Physical Street)		⑮ P.O. Box		⑯ City		⑰ State ⑱ Zip or Foreign Country	
⑲ Business Phone Number ( ) -		⑳ Business Fax Number ( ) -		㉑ Business E-Mail Address		㉒ Business Web Site Address	
㉓ Applicant's Mailing Address		㉔ P.O. Box		㉕ City		㉖ State ㉗ Zip or Foreign Country	
㉘ List any name under which you are doing business.							

### Employment History

#### ㉙ List all employment, military, or school attendance starting currently and working back five years

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	
Name	City	State					
Name	City	State					
Name	City	State					
Name	City	State					
Name	City	State					
Name	City	State					

For Insurance Dept Use Only

Lines of Insurance \_\_\_\_\_

Lic. Issued \_\_\_\_\_

Lic. Expiration \_\_\_\_\_

Approved \_\_\_\_\_ Amount paid \_\_\_\_\_

## Background Information

**You must answer every question. All written statements submitted by the applicant must include an original signature.**

1. Have you ever been convicted of, or are you currently charged with, committing a crime\*, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

\*"Crime" includes a misdemeanor, felony or a military offense. You may **exclude** (answer NO) for misdemeanor traffic citations, juvenile offenses, arrests or convictions for driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, or having entered a plea of guilty or nolo contendere.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident
- b) a copy of the charging document
- c) a copy of the document which demonstrates the resolution of the charges

2. Have you or any business in which you are or were an owner or partner, ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude actions due solely to noncompliance with continuing education requirements, failure to pay a renewal fee, or failure to change addresses.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) A copy of the document which demonstrates the resolution of the charges or any final judgment.

3. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answered yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to a repayment agreement?
- c) are you the subject of a child support related subpoena or warrant

\_\_\_\_\_ months

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

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**31. This Section is required For Non-Residents (Residents MUST Pass the Licensing Exam)**

NHRSA 402-B:4 Examination. – Except as hereinafter provided, the commissioner of insurance shall not issue an original claims adjuster's license to any applicant therefor unless and until said applicant shall have satisfactorily passed a reasonable written examination...

NHRSA 402-B:5 Exceptions - The commissioner shall waive the requirement of such examination in the following cases: Nonresident applicants who are licensed as insurance claims adjusters in the states in which they reside, or if no license is required in said states, then nonresident applicants who have engaged in the business of claims adjusting for a period of 6 months.

I hold an adjusters license in my resident state of \_\_\_\_\_, license number \_\_\_\_\_, and I adjust claims in the following lines of insurance \_\_\_\_\_  
(P&C, Workers Compensation)

OR

By submitting this application, I certify that I have had at least 6 months experience in the field of insurance claims adjusting

Employed by (company) \_\_\_\_\_  
From (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
That I adjusted claims in the following lines of insurance \_\_\_\_\_  
(P&C, Workers Compensation)

Reference name and phone number \_\_\_\_\_

Note: References listed on this section may be contacted for verification of the above information. Providing false information will result in denial of the license.

Notices and attestation

Federal law provides that "any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both" unless such person has received a waiver from the State Insurance Department. 18 USC 1033(e). Applicants are encouraged to consult directly with the Insurance Department or an attorney for further information. If required, and you have obtained the appropriate waiver required by 18 USC 1033(E), Please attach a copy of same.

Attestation

I hereby swear or affirm, under pains and penalties of perjury that all of the information submitted in this application and attachments is true and complete.

\_\_\_\_\_  
Signature of applicant

Date of signature \_\_\_\_\_